



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
<http://www.cns.state.va.us/dmas>

MEDICAID MEMO

TO: All Pharmacy Providers participating in the Virginia Medical Assistance Program, Health Maintenance Organizations providing services to Virginia Medicaid recipients, and all holders of the *Pharmacy* provider manual

FROM: C. Mack Brankley, Acting Director
Department of Medical Assistance Services

SUBJECT: Systems Specifications for Point of Service Claims Submission **Information Alert**

MEMO	Special
DATE	5-4-01

In the latter part of this year, the Department of Medical Assistance Services (DMAS) will require pharmacies to submit Point of Service (POS) claims in the National Council for Prescription Drugs Programs (NCPDP) standardized format Versions 3.2C or 5.1. This memorandum provides you advance notice of these changes. Changes in your POS claims format will not be implemented until you are officially notified by DMAS of the transition date. It is not necessary for you to take any action at this time. For your convenience, DMAS will accept POS claims in both versions for a period of time after implementation.

After POS claims submission, the fiscal agent, First Health Services Corporation (FHSC), will respond to the pharmacy provider with information regarding recipient eligibility, the Medicaid allowed amount, applicable Prospective Drug Utilization Review (ProDUR) messages, and rejection messages if necessary. ProDUR messages will be returned in the DUR response fields, and other important related information will be displayed in the free form message area.

While DMAS strongly encourages POS claims submission for its benefits, it is understood that there may be some pharmacy providers who are unable to submit POS transactions. For those providers submitting batch claims, please note that beginning with the transition to Version 5.1, FHSC will accept ONLY those claims submitted in NCPDP Batch Submission Standard v1.0 format. For providers using magnetic tape and diskette media, we also recommend consideration of submitting batch claims to the FHSC electronic bulletin board at that time.

DMAS will test with vendors and switches for POS version certification. To facilitate this effort, we are enclosing copies of the Payer Specifications sheets for the Virginia pharmacy program for NCPDP versions. Please note that there are changes in the 3.2C specifications that are highlighted in the attached 3.2C specification sheet.

DMAS will test with individual providers moving to the NCPDP v1.0 batch submission in lieu of the current tape and diskette submission formats. You may contact FHSC Provider Relations at (804) 965-7619 regarding individual pharmacy Certification or batch testing. Please contact the DMAS Provider "HELPLINE" for other Medicaid pharmacy information.

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273
1-800-552-8627

Richmond Area
All Other Areas

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Please remember that the "HELPLINE" is for provider use only.

COPIES OF MEDICAID MEMORANDA AND PROVIDER MANUALS

DMAS publishes searchable and printable copies of its provider manuals and Medicaid memoranda on the Internet. Please visit the DMAS website at <http://www.cns.state.va.us/dmas/>. Click on "Provider Manuals" for Medicaid and SLH provider manuals or click on "Provider Information" to see Medicaid memoranda. The Internet is the fastest way to receive provider information.

HEALTH MAINTENANCE ORGANIZATIONS

This Medicaid Memo is provided for information only.

Enclosures

PAYER SPECIFICATION SHEET

Version 3.2C

Virginia Medicaid

Published: 03/30/01

<i>Data Element</i>	<i>Description</i>
ANSI BIN	002286
Version/Release Number	3.C (Medicaid)
Transaction Code	Required
<i>Processor Control Number</i>	<i>Processor Control No. 5148002286</i>
<i>Pharmacy ID Number</i>	<i>Required (9 digit Medicaid #)</i>
Group Number	Not Applicable
Cardholder ID Number	Required (12 digit Medicaid #)
Person Code	Not Applicable
Date of Birth	Required
Sex Code	Optional
Relationship Code	Not Applicable
Other Coverage Code	Required
Date Filled	Required
<i>Customer Location Code</i>	<i>Required</i>
Eligibility Clarification Code	Optional
Patient First Name	Required
Patient Last Name	Required
Prescription Number	Required
New-Refill Code	Required
<i>Metric Decimal Quantity</i>	<i>Required</i>
Days Supply	Required
Compound Code	Required
NDC Number	Required
Dispense As Written	Required
Ingredient Cost	Optional
Prescriber ID Number	Required (Prescribing Physician Medicaid #)
Date Prescription Written	Required
Usual & Customary Charge	Required
PAMC Code and Number	Required
<i>Level of Service</i>	<i>Required</i>
Diagnosis Code	Optional
Unit Dose Indicator	Required
Gross Amount Due	Not Applicable
Other Payer Amount	Required
Patient Paid Amount	Optional
Incentive Amount Submitted	Optional
<i>DUR Conflict Code</i>	<i>Required</i>
<i>DUR Intervention Code</i>	<i>Required</i>
<i>DUR Outcome Code</i>	<i>Required</i>
Primary Payer Denial Date	Optional

NOTE: Changes in the NCPDP Version 3.2C, for the Virginia Medicaid program, are highlighted on this updated spec sheet.

PAYER SPECIFICATION SHEET

Virginia Medicaid

REQUEST SEGMENTS

Transaction Header Segment		Mandatory
Field	Field Name	Mandatory or Optional
1Ø1-A1	BIN NUMBER	M
1Ø2-A2	VERSION/RELEASE NUMBER	M
1Ø3-A3	TRANSACTION CODE	M
1Ø4-A4	PROCESSOR CONTROL NUMBER	M
1Ø9-A9	TRANSACTION COUNT	M
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M
2Ø1-B1	SERVICE PROVIDER ID	M
4Ø1-D1	DATE OF SERVICE	M
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M
Patient Segment		Mandatory
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
331-CX	PATIENT ID QUALIFIER	M
332-CY	PATIENT ID	M
3Ø4-C4	DATE OF BIRTH	M
3Ø5-C5	PATIENT GENDER CODE	O
31Ø-CA	PATIENT FIRST NAME	M
311-CB	PATIENT LAST NAME	M
322-CM	PATIENT STREET ADDRESS	O
323-CN	PATIENT CITY ADDRESS	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	O
325-CP	PATIENT ZIP/POSTAL ZONE	O
326-CQ	PATIENT PHONE NUMBER	O
3Ø7-C7	PATIENT LOCATION	M
333-CZ	EMPLOYER ID	O
334-1C	SMOKER / NON-SMOKER CODE	O
335-2C	PREGNANCY INDICATOR	M
Insurance Segment		Optional
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
3Ø2-C2	CARDHOLDER ID	M
312-CC	CARDHOLDER FIRST NAME	O
313-CD	CARDHOLDER LAST NAME	O
314-CE	HOME PLAN	O
524-FO	PLAN ID	O
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	O
336-8C	FACILITY ID	O
3Ø1-C1	GROUP ID	O
3Ø3-C3	PERSON CODE	O
3Ø6-C6	PATIENT RELATIONSHIP CODE	O

Claim Segment		Mandatory
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M
436-E1	PRODUCT/SERVICE ID QUALIFIER	M
407-D7	PRODUCT/SERVICE ID	M
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	M
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	M
458-SE	PROCEDURE MODIFIER CODE COUNT	O
459-ER	PROCEDURE MODIFIER CODE	O***R***
442-E7	QUANTITY DISPENSED	M
403-D3	FILL NUMBER	M
405-D5	DAYS SUPPLY	M
406-D6	COMPOUND CODE	M
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	M
414-DE	DATE PRESCRIPTION WRITTEN	M
415-DF	NUMBER OF REFILLS AUTHORIZED	O
419-DJ	PRESCRIPTION ORIGIN CODE	O
420-DK	SUBMISSION CLARIFICATION CODE	O
460-ET	QUANTITY PRESCRIBED	M
308-C8	OTHER COVERAGE CODE	M
429-DT	UNIT DOSE INDICATOR	M
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	M
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	M
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O
330-CW	ALTERNATE ID	O
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O
600-28	UNIT OF MEASURE	M
418-DI	LEVEL OF SERVICE	M
461-EU	PRIOR AUTHORIZATION TYPE CODE	M
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	M
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O
464-EX	INTERMEDIARY AUTHORIZATION ID	O
343-HD	DISPENSING STATUS	M
344-HF	QUANTITY INTENDED TO BE DISPENSED	M
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	M
Pharmacy Provider Segment		Mandatory
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
465-EY	PROVIDER ID QUALIFIER	M
444-E9	PROVIDER ID	M
Prescriber Segment		Mandatory
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
466-EZ	PRESCRIBER ID QUALIFIER	M
411-DB	PRESCRIBER ID	M
467-1E	PRESCRIBER LOCATION CODE	O

427-DR	PRESCRIBER LAST NAME	O
498-PM	PRESCRIBER PHONE NUMBER	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O
421-DL	PRIMARY CARE PROVIDER ID	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	O
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	O
COB/Other Payments Segment		Optional
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M
338-5C	OTHER PAYER COVERAGE TYPE	M***R***
339-6C	OTHER PAYER ID QUALIFIER	O***R***
34Ø-7C	OTHER PAYER ID	O***R***
443-E8	OTHER PAYER DATE	O***R***
341-HB	OTHER PAYER AMOUNT PAID COUNT	O
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O***R***
431-DV	OTHER PAYER AMOUNT PAID	O***R***
471-5E	OTHER PAYER REJECT COUNT	O
472-6E	OTHER PAYER REJECT CODE	O***R***
DUR/PPS Segment		Mandatory
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
473-7E	DUR/PPS CODE COUNTER	M***R***
439-E4	REASON FOR SERVICE CODE	M***R***
44Ø-E5	PROFESSIONAL SERVICE CODE	M***R***
441-E6	RESULT OF SERVICE CODE	M***R***
474-8E	DUR/PPS LEVEL OF EFFORT	O***R***
475-J9	DUR CO-AGENT ID QUALIFIER	O***R***
476-H6	DUR CO-AGENT ID	O***R***
Pricing Segment		Mandatory
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
4Ø9-D9	INGREDIENT COST SUBMITTED	O
412-DC	DISPENSING FEE SUBMITTED	O
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O
433-DX	PATIENT PAID AMOUNT SUBMITTED	O
438-E3	INCENTIVE AMOUNT SUBMITTED	O
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O***R***
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O
426-DQ	USUAL AND CUSTOMARY CHARGE	M
43Ø-DU	GROSS AMOUNT DUE	O
423-DN	BASIS OF COST DETERMINATION	M

Compound Segment		Mandatory for Compound Prescriptions Only
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***
489-TE	COMPOUND PRODUCT ID	M***R***
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***
449-EE	COMPOUND INGREDIENT DRUG COST	O***R***
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O***R***
Prior Authorization Segment		Optional
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
498-PA	REQUEST TYPE	M
498-PB	REQUEST PERIOD DATE-BEGIN	M
498-PC	REQUEST PERIOD DATE-END	M
498-PD	BASIS OF REQUEST	M
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	O
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	O
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	O
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	O
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	O
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	O
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	O
503-F3	AUTHORIZATION NUMBER	O
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	O
Clinical Segment		Optional
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
491-VE	DIAGNOSIS CODE COUNT	O
492-WE	DIAGNOSIS CODE QUALIFIER	O***R***
424-DO	DIAGNOSIS CODE	O***R***
493-XE	CLINICAL INFORMATION COUNTER	O***R***
494-ZE	MEASUREMENT DATE	O***R***
495-H1	MEASUREMENT TIME	O***R***
496-H2	MEASUREMENT DIMENSION	O***R***
497-H3	MEASUREMENT UNIT	O***R***
499-H4	MEASUREMENT VALUE	O***R***

Program Requirements Highlights
Version 5.1
Virginia Medicaid
Published: 03/30/01

Transaction Header Segment

Field:	101-A1
Field Name:	BIN Number
Program Specific:	Value = 002286
Field:	102-A2
Field Name:	Version/Release
Program Specific:	Value = 50 (Version 5.0)
Field:	201-B1
Field Name:	Service Provider ID
Program Specific:	Value = 9 digit Virginia Medicaid ID
Field:	202-B2
Field Name:	Service Provider ID Qualifier
Program Specific:	Value = 05 (Medicaid)
Field:	104-A4
Field Name:	Processor Control Number
Program Specific:	Value = 5148002286

Patient Segment

Field:	331-CX
Field Name:	Patient ID Qualifier
Program Specific:	Value = 02 (Medicaid ID)
Field:	335-2C
Field Name:	Pregnancy Indicator
Program Specific:	Value = 2 (to be used when requesting to bypass copay for reasons of pregnancy)

Claim Segment

Field:	442-E7
Field Name:	Quantity Dispensed
Program Specific:	Format = 9999999.999
Field:	600-28
Field Name:	Unit of Measure
Program Specific:	EA = Each GM = Grams ML = Milliliters
Field:	418-DI
Field Name:	Level of Service
Program Specific:	Value = 03 (to be used for "EMERGENCY")

Claim Segment continued

Field:	461-EU
Field Name:	Prior Authorization Type Code
Program Specific:	Value = 5 (Anti-Ulcer Prior Authorization)
Field:	462-EV
Field Name:	Authorization Number Submitted
Program Specific:	Values to override the Denial for Payment of Anti-Ulcer Drugs used beyond Acute Treatment Limits are as follows:
	5555555520= Initial Therapy
	5555555521= Gastroesophageal Reflux Disease (GERD)
	5555555522= Pathological Hypersecretory Syndrome
	5555555523= Zollinger-Ellison Syndrome
	5555555524= Unhealed Ulcer (gastric,duodenal,peptic)
	5555555525= History of Upper GI Bleeding
	5555555526= Erosive Esophagitis

DUR/PPS Segment

Field:	473-7E
Field Name:	DUR/PPS Code Counter
Program Specific:	Counter # for each DUR/PPS response set/logical setting
Field:	439 E-4
Field Name:	Reason for Service Code
Program Specific:	Code identifying the type of utilization <u>conflict</u> detected (Values defined in NCPDP Data Dictionary)
Field:	440-E5
Field Name:	Professional Service Code
Program Specific:	Code identifying pharmacist <u>intervention</u> when a conflict code has been identified (Values defined in NCPDP Data Dictionary)
Field:	441-E6
Field Name:	Result of Service Code
Program Specific:	<u>Action</u> (outcome) taken by a pharmacist in response to a conflict (Values defined in NCPDP Data Dictionary)

Pricing Segment

Field: 430-DU
Field Name: Usual and Customary Charge
Program Specific: Format = s\$\$\$\$\$cc

Compound Segment

*For specific instructions on how to submit a **COMPOUND PAYMENT REQUEST**, refer to **NCPDP Standards**.*

NEW FIELD NAME 5.1	VERSION 3.2 FIELD NAME
Alternate ID	Alternate Identification
Amount Of Copay/Coinsurance	Amount of Co-Pay/Co-Insurance
Authorized Representative City Address	Authorized Representative City
Authorized Representative State/Province Address	Authorized Representative State
Authorized Representative Street Address	Authorized Representative Address
Authorized Representative Zip/Postal Zone	Authorized Representative Zip
Cardholder ID	Cardholder ID Number
Carrier ID	Carrier ID Number
Claim/ Reference ID	Claim/Reference ID Number
Compound Ingredient Component Count	Compound Ingredient Component Counter Number
Compound Ingredient Quantity	Compound Ingredient Metric Decimal Quantity
Compound Route Of Administration	Compound Route of Administration Code
Date Of Service	Date Filled/Date of Service
Dispensing Fee Paid	Contract Fee Paid
DUR Free Text Message	Free Text
Employer State/Province Address	Employer State Address
Employer Zip/Postal Zone	Employer Zip Code
Fill Number	New/Refill Code
Group ID	Group Number
Header Response Status	Response Status
Incentive Amount Paid	Incentive Amount Paid/Professional Services Fee Paid
Incentive Amount Submitted	Incentive Amount Submitted/ Professional Services Fee Submitted
Ingredient Cost Submitted	Ingredient Cost
Originally Prescribed Product/Service Code	Originally Prescribed Product Code
Originally Prescribed Product/Service ID Qualifier	Originally Prescribed Product Type
Originally Prescribed Quantity	Originally Prescribed Metric Decimal Quantity
Other Payer Amount Paid	Other Payer Amount
Other Payer Date	Other Payer Date

NEW FIELD NAME 5.1	VERSION 3.2 FIELD NAME
Patient Gender Code	Sex Code
Patient Location	Customer Location
Patient Paid Amount Submitted	Patient Paid Amount
Patient Relationship Code	Relationship Code
Patient State/Province Address	Patient State Address
Patient Zip/Postal Zone	Patient Zip Code
Prescriber Phone Number	Prescriber Telephone Number
Prescription/Service Reference Number	Prescription Number/Service Reference Number
Primary Care Provider ID	Primary Prescriber
Prior Authorization Quantity Accumulated	Prior Authorization Metric Units Used
Prior Authorization Number Of Refills Authorized	Prior Authorization Number of Refills
Prior Authorization Processed Date	Processed Date
Prior Authorization Quantity	Prior Authorization Metric Quantity
Prior Authorization Supporting Documentation	Supporting Documentation
Product/Service ID	NDC Number
Product/Service ID Qualifier	Alternate Product Type
Professional Service Code	DUR Intervention/Professional Services Code
Provider ID	Pharmacist ID
Quantity Dispensed	Metric Decimal Quantity
Reason For Service Code	DUR Conflict/Reason for Service Code
Result Of Service Code	DUR Outcome Code/Result of Service Code
Service Provider ID	Service Provider ID Number
Scheduled Prescription ID Number	Scheduled Prescription Identification Number
Submission Clarification Code	Prescription Clarification Code

Terminology Crosswalk

Published: 03/30/01

